EDUCATIONAL REIMBURSEMENT APPLICATION FORM
COLUMBIA COUNTY BOARD OF COMMISSIONERS/COUNTY GOVERNMENT

Submit Completed Application to Human Resouces for Approval Prior to Enrollment in Course

Name:		**Date:**
Position:	**Division*:***	**Department:**
Title of Course:		**Name of Institution:**
Date Course Begins:	**Length of Course:**	**Tuition Cost:**

Explain how you believe this course relates directly or indirectly to the improvement of your performance as an employee.

(Please enclose a pre-printed course description).

EDUCATIONAL BACKGROUND:

Educational Institutions	Name & Address Information	Major Course Of Studies	Circle Last Year Completed	Graduated?	Last Year Attended
High School			1 2 3 4	Yes ___ No ___	
College			1 2 3 4	Yes ___ No ___	
Other			1 2 3 4	Yes ___ No ___	

Are you eligible for reimbursement under any other aid program (i.e., G.I. Bill)? Yes ___ No ___

Is yes, please describe:

Are you presently working toward a Degree? ___ Yes ___ No ___ Bachelor ___ Advanced MPA

What other educational program have you completed?

SUPERVISOR/ DEPARTMENT HEAD	**Approved** ___ **Disapproved** ___	**Signature:**
HUMAN RESOURCES	**Approved** ___ **Disapproved** ___	**Signature:**

If DISAPPROVED *state reasons:*

AFTER COURSE APPROVAL, COMPLETION AND ACHIEVEMENT OF"C" OR BETTER, COMPLETE THE BOTTOM PORTION AND SEND TO HR DEPARTMENT.

I have completed the above course and I am still a full-time employee of Columbia County Government. I request that the tuition fee be refunded to me in accordance with the EDUCATIONAL REIMBURSEMENT PRORAM. A copy of my grades and tuition receipt are attached.

Employee Social Security No:	**Employee Signature:**		**Date:**
Finance Department Refund Amt:	**Date Reimbursed:**	**Authorized by:**	**Date:**